

Dental Fair.

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dentist - Petrie	DATE: 3-12-01
FROM: Don Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: YARD-2	UNIT: B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Again I respectfully ask, when you are going to schedule me for an appointment to fix my tooth? I have a damaged filling that needs to be fixed.

Thank You,
Don Monaco

CC: DM/MF

(Do not write below this line)

DISPOSITION:

You are tentatively scheduled on 5-21-01 for this work.

YOUR NAME HAS BEEN ADDED TO THE ROUTINE DENTAL CARE LIST. PLEASE WATCH THE CALL-OUTS.

Signature Staff Member S. PETRIE, DDS CHIEF DENTAL OFFICER	Date 4-10-01
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Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR. GREY	DATE: 12-15-00
FROM: DON MONACO	REGISTER NO.: 13314 006
WORK ASSIGNMENT: YARD-2	UNIT: B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

AGAIN I WOULD LIKE TO request To see the optometrist or optomologist about my vision, my eyes are out of focus and I'm having a hard time reading. I might be due for glasses at this point in my life, I'm 42 years old.

~~I would also like to know what the last results of my last test was last week, can you send me a copy?~~ (I received this from you last week thanks)

Thanks

Don Monaco

CC/DM/MF

(Do not write below this line)

DISPOSITION:

Please bring your current eyeglasses to your apt.

YOU HAVE BEEN PLACED ON THE WAITING LIST TO SEE THE OPTOMETRIST. PLEASE WATCH THE CALL-OUTS.

per Dr. Gray.

HEALTH SERVICES
FCI WASECA

Signature Staff Member <i>L. Maiden</i> L. MAIDEN MEDICAL SECRETARY	Date 12/20/00
Record Copy - File; Copy - Inmate (This form may be replicated via WP)	

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) The eye doctor (optometrist)	DATE: 12-2-00
FROM: DON MONACO	REGISTER NO.: 13314-006
WORK ASSIGNMENT: YARD-2	UNIT: B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like to have my eyes checked. I'm having a hard time focusing. I've had 12 migraines in the past 2 weeks that started right after I had been reading for a while.

Thanks

Don Monaco

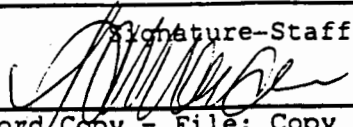
CC/PM/MF

(Do not write below this line)

DISPOSITION:

Please make such call to have PA'd
Also Assess your migraines.

HEALTH SERVICES
FCI WASECA

Signature-Staff Member  L. MAIDEN MEDICAL SECRETARY	Date 12/08/00
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Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DENTAL	DATE: 10-19-00
FROM: DON MONACO	REGISTER NO.: 13314-006
WORK ASSIGNMENT: YARD - 2	UNIT: B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)


I have an emergency situation with an upper tooth on the left side of my mouth. The filling in this tooth has loosened up and is causing problems with my bite. I am also experiencing pain in this tooth and taste metal in my mouth.

CC/DM/MF

(Do not write below this line)

DISPOSITION:

If this tooth is still bothering you, please report to dental sick call. Otherwise, you are already scheduled for an exam and dental x-rays.

Signature Staff Member  S. PETRIE, DDS CHIEF DENTAL OFFICER	Date 11-30-00
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Record Copy - File; Copy - Inmate

(This form may be replicated)

HEALTH SERVICES

FEDERAL CORRECTIONAL INSTITUTION

WASECA, MINNESOTA 56093

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR. GRAY-Medical, Dr. Frenzel-Psychological	DATE: 9-16-00
FROM: Don Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard-2	UNIT: B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dear Dr. Gray and Dr. Frenzel,

I respectfully request a copy of my psychiatric recommendation for psychotherapy from my records that were transferred from Terminal Island. A copy of this recommendation should be in either my medical or psychological file. I need this information for my prison appellate due process rights. I also need to know how I can obtain my prison medical and psychological files for my upcoming Writ of Habeas Corpus hearing in Alaska's United States District Court? Please let me know as soon as possible when you can obtain this information that my attorney and I seek.

Thank you, Don Monaco POW # 13314-006

Don Monaco

cc/dm/mf

(Do not write below this line)

DISPOSITION:

DATE OF RELEASE: 10-27-00

Number of Copies: 123 pages

Items Released: Copies of all medical records including HIV results and civilian records.

Inmate Signature: Don Monaco

Date: 10-27-00

HEALTH SERVICES
FCI WASECA

Signature Staff Member <i>K. Gulbrandson, MRAS</i>	Date <u>10-27-00</u>
Record Copy - File; Copy - Inmate (This form may be reprinted.) K. GULBRANDSON, MRAS	This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) DR. GRAY	DATE: 8-28-00
FROM: DON MONACO	REGISTER NO.: 13314-006
WORK ASSIGNMENT: YARD - 2	UNIT: B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I just wanted to correct you on your disposition dated 8-22-00. (see Attached). You stated that I don't have any hearing problems. I disagree. My hearing was tested at Terminal Island and I have damage in both ears. If not its funny that you issued me a hearing restriction permit on 6-14-00, (see Attached medical restriction dated 6-14-00). Maybe you might be right that medical shouldn't get involved in this, because I am currently pursuing the challenge to change the earpiece loudspeaker system throughout the system. I tend to disagree with you that this is not a health problem, your influence carries a lot of weight around here, and I plan on bringing this issue all the way through the Federal court system.

CC/DM/MF

(Do not write below this line)

Don Monaco

DISPOSITION:

HEALTH SERVICES
FCI WASECA

Mr. Monaco:

I stand corrected — there is an Audiogram in the chart from Terminal Island that shows bilateral higher frequency deficit and you do have a restriction from working in high noise areas. Our Safety Department, however, assures us that the speaker system does not exceed the noise levels allowable.

Signature Staff Member

M.A. Gray

Date

9-6-00

Record Copy - File; Copy - Inmate M.A. GRAY, M.D.
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-SI48.070 APR 94



SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dr. Grev (Medical Doctor)	DATE: 8-8-00
FROM: Don Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard 2	UNIT: B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Enclosed is a copy of an informal resolution attempt that has everything to do with my mental and physical well being. My current living conditions are affecting my overall health. I filed this request with Ingvaldson, B unit counselor, today. Is there any way you can help me with my request?

* My MAIN COMPLAINT is The noise & The overbearing loud-speaker. The loudspeaker is hurting my ears even through ear plugs. Can you call someone?

Thank you, Don Monaco

cc/dm/mf

(Do not write below this line)

DISPOSITION:

Mr. Monaco:

I find no mention of hearing problems in your record, and the Safety Department says there is no problem with the speaker exceeding their limits, so unfortunately, the Medical Department has no reason to be involved at this time. Please continue to seek resolution through your unit staff.

Signature Staff Member

M.A. Gray

Date

8-22-00

HEALTH SERVICES
FCI WASECA

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dr. Grey (Medical Doctor)	DATE: 8-8-00
FROM: Don Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard 2	UNIT: B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Enclosed is a copy of an informal resolution attempt that has everything to do with my mental and physical well being. My current living conditions are affecting my overall health. I filed this request with Ingvaldson, B

unit counselor, today. Is there any way you can help me with my request?

* My MAIN COMPLAINT is the noise & the overbearing loud-speaker. The loudspeaker is hurting my ears even through ear plugs. Can you call someone?

Thank you, Don Monaco

cc/dm/mf

(Do not write below this line)

DISPOSITION:

HEALTH SERVICES

Mr. Monaco: I find no mention of hearing problems in your record, and the Safety Department says there is no problem with the speaker exceeding their limits, so, unfortunately, the Medical Department has no reason to be involved at this time. Please continue to seek resolution through your unit staff.

Signature Staff Member

M.A. Gray

Date

8-22-00

RF
492

MONACO

INFORMAL RESOLUTION ATTEMPT

In accordance with Program Statement 1330.13, Administrative Remedy for Inmates, this form will serve as documentation by the respective staff member and the Unit Manager to indicate an informal attempt to resolve the complaint of the following inmate.

A BP-9 WILL NOT BE ACCEPTED WITHOUT THIS COMPLETED FORM ATTACHED.

NAME: D. Monaco

REG NO: 13314-006

DATE ISSUED: 7-21-00

STAFF: R. Potts

I. Nature of Complaint (To be completed by inmate):

dm/moody/grey/mf

The fan is broken in the bunk section that I was assigned to, (it does not oscillate), and there is not enough sufficient ventilation or living space for the amount of men living in that area. My assigned bunk number is 028 lower in the basement. As I last stated on a previous cop-out to Mr. Potts, (see attached), I have certain underlying psychological and physical medical problems that are being aggravated by the living conditions in my area. (the loud speaker above my bed is way to loud, I have hearing damage in both ears and a restricted noise area permit from Dr. Grey. The lack of fresh air is causing me unnecessary headaches--

DEX

FOR STAFF USE ONLY (to be completed within five working days)

2. Date Received From Inmate: _____

3. Staff Member Assigned By Unit Manager: _____

4. Efforts Made To Resolve The Problem: _____

5. Applicable Program Statement Used In This Informal Resolution Attempt: _____

6. Inmate's Response To Informal Remedy Attempt: _____

Prepared By: _____

Received By U/M: _____

Date Returned To Inmate: _____

and congestion problems, I have history of chronic migraines head-aches). Within and around the area in which I have been assigned, there are a certain group of obnoxiously loud, disrespectful, and boisterous men. Sometimes these men disrupt my sleep patterns, in turn causing me unnecessary physical and psychological stress due to lack of undisturbed REM sleep, (I have chronic hepatitis C liver condition, a congenital and/or abnormal heart valve defect, and an enlarged spleen, all of which require me to get at least 8 to 10 hours of solid uninterrupted sleep. Otherwise, my mental and physical health start failing me).

I respectfully request a move to a quiet 4 man white room with a lower bunk for my pass, with ample ventilation and living space among respectful people.

Thank you,

Don Monaco
13314-006

Don Monaco
8-3-00

I will forward a copy of this cop-out to Dr. Moody and Dr. Grey.
I am also requesting an expedited 3 day response to this request.
Thanks,

DM.

P.S. 5511.05
March 3, 1994
Attachment A, Page 1

BP-S148.70 INMATE REQUEST TO STAFF MEMBER CDFRM
Oct. 1986

U.S. DEPARTMENT OF JUSTICE Federal Bureau of Prisons

DATE 7-5-00

To: Mr. Pots (B-Unit Counselor)

(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

I would like to request a move to a quieter bunk space within the institution as soon as possible. The deafening noise being transmitted from the ongoing announcements on the loudspeaker located directly overhead of my assigned bunk, plus the combination of certain loud and boisterous men who live and gather quite frequently at all hours of the day or night across the way, are to unbearable for me to tolerate. I have notified Dr. Moody of my current situation, and have told him that I am at the breaking point with loud disrespectful people, unfit living conditions due to noise pollution. It's literally driving me crazy. My physical and mental health and well being are at stake in this matter. I have a permanent lower bunk pass and a noise area restriction pass from Dr. Grey in medical. I will forward a copy of this cop-out to Dr. Moody and Dr. Grey.

PS.- I also need a chair for my bunk area. Thank you, Don Monaco.
cc/dm/Moody/Grey (Use other side of page if more space is needed) Don Monaco
(Over-----)

NAME: Don Monaco No.: 13314-006

Work Assignment: Yard 1 Unit: B

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE _____

Staff Member

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR Wilson</i> (Psychiatrist)	DATE: 8-9-00
FROM: Don Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard 2	UNIT: B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

To whom it may concern,

I was transfered from Terminal Island FCI over 2 months ago, and I had been in ongoing weekly therapy sessions for several months. I was initially recommended psychotherapy sessions by the visiting psychiatrist. It took a while but I finally got in. The sessions were helping me cope with my prison situation and underlying psychological problems. After repeatedly seeking psychotherapy from this institution, Dr. Frenzel has ^{finally} put me on a waiting list for therapy. I still don't have anywhere to turn to in the meantime. Can you help me in any way with my plight? *Can we speak?*

Thank you with respect,

Don Monaco *Don Monaco*

cc/dm/mf

(Do not write below this line)

DISPOSITION:

The addressee is a contracted consultant and is not authorized to respond to your request. I have consulted with the psychiatrist and the Chief, Psychology Services. Your name has been added to the list of those inmates seeking psychotherapy. You will be seen as time and staff permits. Further inquiries should be addressed to the Chief, Psychology Services.

**HEALTH SERVICES
FCI WASECA**

Alan R. Jorgenson HSA
Signature of Staff Member
HEALTH SERVICES ADMINISTRATOR

Date

8/21/00

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dental Staff	DATE: 6-24-00
FROM: Don Monaco	REGISTER NO. 13314-006
WORK ASSIGNMENT: Yard 1	UNIT: D-temp.

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dear Dental Staff,

I was told that I should submit a cop-out to the dental staff for
a spot on the waiting list for cleaning and X-rays. I do so now.

Thanks,

Don Monaco

Don Monaco

cc/dm/mf

(Do not write below this line)

DISPOSITION:

Your name has been added to the
routine dental care list.

HEALTH SERVICES
FEDERAL CORRECTIONAL INSTITUTION
WASECA, MINNESOTA 56093

Signature Staff Member <i>S. Petrie</i> S. PETRIE, DDS CHIEF DENTAL OFFICER	Date 7-11-00
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Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



FCI WASECA, MINNESOTA

MEDICAL DUTY STATUS

INMATE NAME _____ REG# _____

DUTY STATUS

A. REGULAR DUTY

1. YES F/S - CAN WORK FOOD SERVICE

B. REGULAR DUTY WITH RESTRICTIONS

1. COLD/WIND - NO EXCESS COLD/WIND
2. DRIV RESTR - GLASSSES REQUIRED FOR DRIVING
3. HEAR RESTR - NO WORK IN HIGH NOISE AREAS
4. HGT RESTR - HEIGHT RESTRICTIONS/NO LADDERS
5. LIMIT SUN - NO EXCESS SUN
6. NO DRIVING - NO DRIVING-MEDICAL CONDITION
7. NO F/S - CANNOT WORK FOOD SERVICE
8. NO POLLUT - ASSIGN TO POLLUTION FREE AREA
9. OTHER - MDS REQUIRED WITH OTHER NOTED
10. SMOKE FREE - ASSIGN TO SMOKE FREE WORK/QTRS
11. STAND RSTR - NO PROLONGED STANDING
12. WGT 15 LB - NO LIFTING OVER 15 LBS
13. WGT 20 LB - NO LIFTING OVER 20 LBS
14. WGT 25 LB - NO LIFTING OVER 25 LBS

MCNACO, DONALD

13314-006

DOB 07-31-1959

FCI WASECA, MN

C. NO DUTY - WORK ASSIGN - MED UNASSG

MEDICAL ASSIGNMENTS

1. ALLRG/WOOL - ALLERGIC TO WOOL
2. ART LIMB - ARTIFICIAL LIMB
3. ATH RESTR - NO SPORTS/NO WGT LIFTING
4. LOWER BUNK - LOWER BUNK REQUIRED
5. ORTH SHOES - ORTHOPEDIC SHOES REQUIRED
6. SOFT SHOES - SOFT SHOES REQUIRED
7. WIRED JAW - WIRED JAW / POST DENTAL

CLINICIAN

M.A. GRAY, M.D.

DATE

6-20-00

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dr. Grey (Medical Doctor)	DATE: 6-24-00
FROM: Don Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Yard 1	UNIT: D-temp.

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dear Dr. Grey,

cc/dm/mf

After speaking with you the other day, I had time to think about what you had suggested as far as my feet and shoes go. Even though I think that the only way to properly correct my foot problem would be to re-prescribe a set of orthotics for me, or allow me to have my already prescribed orthotics sent to me from the outside, I will be happy to try out your offer with a pair of new high-top-tennis shoes. Can you please throw in a pair of arch supports size 9? I think that the damaged right foot is in need of the arch support and lift provided by them. I'm ready for the shoes whenever you are.

One last thing, do you have a problem with issuing me an early meal pass due to my digestive problems associated with my liver disease? They try and rush me through the eating process all the time. Thank:

DISPOSITION:

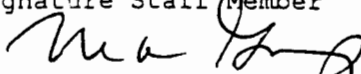
Don Monaco

Mr. Monaco:

I have placed you on callout to discuss this again and measure your feet for Soft Shoes if that is our decision.

HEALTH SERVICES
FCI WASECA

Signature Staff Member



Date

Record Copy - File; Copy - Inmate
(This form may be reprinted)

M.A. GRAY, MD.

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



DATE 6-4-00
TO: Dr. Grey (Medical Doctor) CC/DM/MF
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I need to speak with you about my more than average # of medical problems in relation to my recent transfer from Terminal Island. I would like to discuss my job restrictions, a request for a bottom bunk pass, a request for a jacket, and a request for a special orthotic soft shoe issue. I would also like to discuss my hepatitis C liver condition with an enlarged spleen, and request for continued on-going psychotherapy recommended initially by the Terminal Island psychiatrist. I would also like to discuss my heart defect and chronic migraine headaches. Thanks,

NAME: Don Monaco No.: 13314 006
Work assignment: N/A Unit: D

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 6-9-00

Mr. Monaco:

I have placed you on my call out.
Until then, any more urgent matters
may be addressed at sick call.

M.A. Gray
Officer

M.A. GRAY, M.D.

INMATE DISABILITY REPORTING FORM
FCI WASECA, MN

A disability refers to a permanent mental or physical impairment or condition that substantially limits one or more major life activities.

PHYSICAL DISABILITIES

- ☒ No disability identified at this time
- ☐ BLIND - Total blindness
- ☐ DEAF - Total deafness
- ☐ HEAR LOSS - Partial hearing loss
- ☐ MISS EXT L - Missing lower extremity
- ☐ MISS EXT U - Missing upper extremity
- ☐ ORTHO DISB - Orthopedic disability
- ☐ PARAL LOW - Partial paralysis, lower
- ☐ PARAL UPR - Partial paralysis, upper
- ☐ PARALYSIS - Total paralysis
- ☐ TERMINAL - Terminally ill
- ☐ VISION IMP - Visual Impairment
- ☐ WHEELCHAIR - Requires wheelchair

MENTAL DISABILITIES

- ☐ No disabilities identified at this time
- ☐ LD - Learning disabled
- ☐ MEN ILL - Mentally ill
- ☐ MEN RET - Mentally retarded


STAMP ADDRESSOGRAPH HERE

MONACO, DONALD

13314-006

DOB 07-31-1958

FCI WASECA, MN

 **Signature** 5-31-00 **Date**
J. ZIMMER, EMT-P
Signature Stamp

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE 3-30-00

TO: Dr Dag (Physician)

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Dear Dr. Dag,

cc 'dm/mf

Hello again, I would like to see the foot doctor about my right foot. As you know from my file, Dr. Pelton had recommended no steel toed shoes. I spoke to the supervisor in laundry who issues shoes, and he told me there was no way he could issue me any soft tennis shoe with OSHA approved steel toes. As you should know like Dr. Pelton did, I severed my right foot in a motorcycle accident over
(Use other side of page if more space is needed)

ten years ago, and wore custom fitted orthotics until I was thrown into prison against my will a few years back. I am requesting that this institution order me a pair of custom fitted orthotics and for soft safety shoes for my feet. As always, my right foot always hurts, especially without my orthotics. (See attached)

Thank you ,

NAME: Don Monaco *Don Monaco*

No.: 13314-076

CMS-9

Work assignment: _____

Unit: F

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 4/13/00

pt seen

[Signature]

Officer

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE 3-23-00

TO: Captain Royce (Health care Captain)
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Dear Captain Royce,

cc/dm/mf

My name is Don Monaco and I am requesting a medical management variable to stay at this institution because of my health care needs and problems.

Moving me to another institution because of a point drop will only cause me more physical and emotional stress since it has nearly taken me a year to

finally get a decent and quiet place to sleep, and to also get the proper
(Use other side of page if more space is needed)

psychological and medical help I've so desperately needed for so many

years. I'm waiting for an interview with Dr. Dag but have not heard back

from him yet. I find it appropriate to discuss my case in detail with you

also. Thanks for your time and consideration in the above matter.

NAME: Don Monaco Don Monaco No.: 13314-006

Work assignment: CMS-9 Unit: F

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 3-28-00

I have reviewed your medical file and agree with what Dr. Dag has already told you. Your medical and psychological problems can be treated at a "low" institution.

K Royce HSA
Officer

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE 3-16-00

TO: Dr. Dag (Medical Doctor)

cc/dm/mf

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Dear Dr. Dag,

My name is Don Monaco and doctor Pelton has been handling my medical problems.

I understand that doctor Pelton is no longer with us. I have some questions

concerning my health. I suffer from chronic liver disease and migraines. I was

just informed yesterday that they want to ship me out of here because my points

came down. It's taken me ^{almost one year to finally get} _(Use other side of page if more space is needed) settled here with pro-

per medical and psychological help to meet my needs. I actually feel as if I

was starting to move forward in a positive direction until now. If they ship me

out of here again like an animal, chances are I will be put through more physical

and psychological stress, and humiliation. I'm 41 years old and need some stability

in my life. Can you please talk to me about my situation and medical problems in

regard to a possible medical override? Thank you, Don Monaco

NAME: Don Monaco

No.: 13314-006

Work assignment: CMS-(9)

Unit: F

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

3/23/00

pf seon

As we discussed today, medical hold will not keep you here any length of time. It is meant to allow patients to remain until their medical work up is complete after which they will be sent to the area they are designated. Lower facilities usually have medical/psych services that will meet your needs. Please have your team provide you with more information. Thank.

Officer

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Mrs. Lusk - (Medical Records)	DATE: 3-3-00
FROM: Don Monaco	REGISTER NO.: 13314 006
WORK ASSIGNMENT: CMS-9	UNIT: F

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dear Mrs. Lusk,

My name is Don Monaco, and I would like to make a simple request. I need a copy of my soft-shoe permit that Dr. Pelton had written for me several months ago. The original order should be in my medical file along with all of my other important medical information. I need this information for my current job supervisor pertaining to my foot condition. Thank you for your help in this matter.

Sincerely,

Don Monaco

Don Monaco

cc/dm/mf

(Do not write below this line)

DISPOSITION:

Look for your name on the callout.

Signature Staff Member <i>[Signature]</i>	Date <i>3-3-00</i>
--	-----------------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



Printed on Recycled Paper

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>DR. Butler (Dentist)</i>	DATE: <i>9-10-99</i>
FROM: <i>Don Monaco</i>	REGISTER NO.: <i>13314-006</i>
WORK ASSIGNMENT: <i>Education</i>	UNIT: <i>F</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like to see if I could get my teeth cleaned soon, how far down am I on the list? I would also like to see if I can get a temp bridge for a missing tooth on the lower right side of my mouth that keeps hurting me when I chew?

Thank You

CC/DM/MF

Don Monaco

(Do not write below this line)

DISPOSITION:

Received cop out.
Name added to waiting list.
already

Rochelle A. Butler, DDS
Dental Officer
FCI Terminal Island

Signature Staff Member <i>[Signature]</i>	Date <i>9-13-99</i>
--	------------------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



(1 of 2)

DATE 7-30-99

TO: Dr. Pelton (Medical)

cc/dm/mf

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details)

Dear Dr. Pelton,

I received your response to my cop-out dated 7-13-99, and I appreciate some of the relief you have requested for me. However, I disagree with some of your other decisions in regards to my health, and there were a few things you failed to address in your disposition. These are my questions:

(Use other side of page if more space is needed)

#1) First of all, who can I appeal to about your decisions?

#2) You never mentioned anything about a stronger pain medication for my migraines, or will the neurologist address that?

#3) You never mentioned anything about a protien supplement to help me rebuild my liver, is this possible?

next page****

NAME:

Don Monaco

No.:

13314-000

Work assignment:

Education

Unit:

F

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

You may address your concerns about me to the Warden.
The Bureau of Prisons has a detailed scheme for treatment of hepatitis that does not include protein supplement, plant enzymes or other alternative medications. We will continue to follow your liver enzymes every 3 months.
Hypoglycemia can cause headaches. I have no plans currently to change treatment for your headaches. You do not qualify for extra bed padding.

Officer

Original - File
Canary - Inmate

You may sign-up for State Call to receive your Midvint. I will see you at your routine 3 month Appt.

#4) You forgot to address the extra foam pad for my bedding, you only mentioned the denial of a double mattress. I really need more padding if at all possible.

#5) You forgot to address the possibility of a digestive aid in the form of plant enzymes or other, these would help ease the load off of my liver during digestion.

#6) We really have not discussed any possibility about a treatment for my liver condition, so why can't we discuss this, and the fact that the alternative means of treatment that I have used in the past worked for me.

#7) The last thing you forgot to address is the possibility of some type of diabetic or hypoglycemic condition that might set off my headaches, can this be addressed?

#8) The last thing I need from you is a renewed perscription for my expired bottle of midrin that was taken from me the other day by an over zealous officer.

Thanks for your help in this matter,

Don Monaco

A handwritten signature in cursive script that reads "Don Monaco".

cc/dm/mf

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dr. Pelton (Medical)	DATE: 7-13-99
FROM: Don Monaco	REGISTER NO.: 13314-006
WORK ASSIGNMENT: Education (Law-library)	UNIT: B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dear Dr. Pelton,

I was motivated to write to you in the form of this copout regarding my overall health and well being after having had two severe migraine headaches last week on 7-8-99, and 7-9-99 respectively. These two severe headaches have caused me some substantial concern because, I've never had back to back migraines before, ever, until I was unlawfully arrested and thrown into prison against my will. This is the second migraine episode I've experienced that has lasted for several days since my unlawful detainment almost two years ago. The medication "Midrin", has been somewhat effective in stopping the visual affects at the on-set of my headaches, but has not been effective in stopping the intense pain and nausea associated with these headaches. I will be requesting and suggesting a few things in this cop-out.

cc/dm/mf (Do not write below this line) (see attached pages)-----

- DISPOSITION:
- ① No standing orders in Demand
 - ② I will refer you to our Neurologist
 - ③ I will refer you to psychology
 - ④ I will order a multi vitamin for you
 - ⑤ the D.O.P. does not supply herbs.
 - ⑥ No kg-14
 - ⑦ No Dunlop mattresses except for signs of skin breakdown
 - ⑧ I do not see a clear reason for a liver bunk

Signature Staff Member

Date

7/23

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



Before I was sent to prison against my will, back before 2-10-97, I would seek medical attention for my episodic migraine encounters at any local hospital emergency room. I was always given pain shots of demorall upon request for my migraine suffering. I would like to request the same treatment with your O.K., while I'm here in prison if you have no objections. I would also like to see a neurologist about these terrible debilitating headaches and nervousness I'm experiencing at this time in my life.

There are a few more issues I would like to discuss with you in relation to these severe migraines, my cronic liver condition, and my overall physical and psychological well being. I've noticed that over the years, and if you will review the medical records I just recently passed on to you, you will see that my body seems to produce some type of vascular constriction problem, or disorder, that comes and goes in the form of migraines, possible coronary artery spasms that cause me chest pains from time to time, episodes of heart palpitations, and chronic pain and inflammation in the liver area quite frequently. To be honest with you, I'm not really doing all that well in here, physically or psychologically. I'm under a tremendous amount of stress in general. Even at times, my enlarged spleen swells up on me and causes me great discomfort. I'm even having trouble sleeping well at night and I'm not sure if it's because of my ongoing medical problems and stress, or if it's because of the unreasonably uncomfortable bedding I've been assigned to. These overcrowded living conditions and the stress of my indentured position in education at the law library, along with a certain # of many other elements just seems to be killing me Dr. Pelton. I'm wound up tighter than a banjo string most of the time in here Dr. Pelton, and I would like to know if you can prescribe me some type of medications to help me relieve my stress and to sleep better, in the form of seditive or tranquilizer?

I want to make a suggestion or two based on what one or two of my outside doctors recommended to me the past few years in relation to my medical problems. Dr. Bunsen, an infectious disease specialist and internal medicine doctor from Anchorage Alaska, prescribed zannax to me at one time for stress and anxiety related to the fact that I had just found out that I had contracted Hepatitis C. He told me to consume a diet high in protien and low in fat to help me rebuild my damaged liver. He also told me to stop drinking completely. I followed this program for quite some time and it seemed to work just fine. Sometime down the road I slipped off the program for one reason or another, but I would like to try it again or some other type of program similar that you could recommend. I know for a fact that I am not getting enough protien in here do to several reasons that I can go into detail with you if you would like. My lack of an adequate protien consumption along with the inadequate vatamin and mineral supplementation lacking in my diet since the beginning of my incarceration and throughout the past few years, is not allowing my body to repair itself. Look at my symptoms, minor injuries that won't heal including, my sholder, now my left hip, constant pain and swelling in my liver, and on, and on, and on. I would like to request some type of quality protien powder or supplement that has vitamins and minerals and possibly a digestive enzyme to help me with my digestive problems, and to help me rebuild my liver. One or two of the other doctors that I have seen in Anchorage for my liver condition and related

1

medical problems suggested that I take the herb Milk Weed Thistle along with a diet high in protien to help me rebuild my liver, and I followed thier advice with a high quality protien powder supplement and the herb Milk Weed Thistle for quite some time with excellent results until I fell off the program for some reason or another or various reasons. Can we please try these programs again under your supervision Dr. pelton? I would even be willing to pay for these supplements if the prison won't.

I would like to bring to your attention a situation that arose on 7-9-99 when I had my second and last in a sreies of two migraines back to back that evening. The lady P.A. who relayed to me that she reluctantly saw me that evening after the visual effects of my migraine subsided somewhat, and who took my blood pressure that evening, told me that she would not be able to give me a lay in slip that late in the day, and that this was an exception. She told me that I would need to come in earlier in the day in order to get a lay in slip if I was going to be sick next time. As you already know, there is no logic in what this woman wants me to do, because I can't possibly predict when my migraines will come and go, or how severe they will be, wich determines if I can even see, or get out of bed for that matter. Correct me if I'm wrong, but I thought that there was a 24 hour emergency medical staff available here at Terminal Island. This is the second or third run in I've had with the P.A. staff here in relation to sick call. I get the feeling that some of these people just don't want to do there job. Also, my job supervisor in education, Mr. Austin, called the unit officer in B unit that evening and told him that I better be to work that evening or else. I also found out later, that he told one of my co-workers that he was going to throw me in the hole if I didn't show up to work. It seems that this man I work for, and several other officers in this institution, and the general way of things here are accomplished only under the process of threat, duress, and cohersion. I have explained to this man both verbally and in writing, that I am under a tremendous amount of stress at the present time, and that this job is very stressful for me at times. I'm not to sure that he really understands, or cares for that matter, about my ongoing medical conditions, but I finally got him to reduce my work schedule for the evenings, only due to my help in the preparation of a legal brief I'm helping my lawyer with. I'm not to sure how long this will last, but two shifts down there at the law library are to much for me to handle for several reasons. The stress of working under threat, duress, and cohersion, not only from my boss, but from some of the prisoners as well, if you don't give them what they want sometimes they get mad at you. I'm requesting that you suggest a minimum work schedule for me, or a tempory or extended lay in for me, until we can get my medical problems under cntrol. I need more rest than the average person anyway, because of my ongoing medical problems. You might want to make note, or check what my blood pressure reading was the evening of the 9th, because I believe that I saw the reading was quite high compared to my normal readings. I believe that it was somewhere around 150 over 90.

I have not been able to see a psychologist on a continued basis for one on one psychotherapy as of yet even though I have repeatedly requested this. Is there anything that you can do

to speed this process up? I think that by not allowing me to see a psychologist for psychotherapy like the psychiatrist recommended in the first place, it is adding to the weight of my physical problems as well.

The last few medical concerns that I have at this time would be that my left hip has been bothering me now for a few weeks from a possible muscle strain that I might be aggravating by walking to work to education in south yard daily, thank God it's only once a day for now. I also wanted you to make note on this because due to the severe injury I had to my right foot several years ago, and after an extensive investigational exam and therapy with Dr. Barbee, my chiropractor in Anchorage, my back and hips are out of alignment and are being aggravated more than likely due to my right foot injury.. This brings me to mention the fact that I have been assigned and am currently sleeping on a bed and mattress that is less than satisfactory, or inadequate, for a person my age with the medical conditions I have, to get a good nights sleep. I am requesting from you an extra foam padding and a new mattress along with some type of plywood for support over the sagging springs on the bed I've been assigned to. What about a bottom bunk pass due to all of these medical problems? My counselor and unit team have really not been to much of a help in B unit.

I know this is a lot to ask for all at one time Dr. Pelton, but all of these things have been building up ever since I got here, and through the last two years of my incarceration, and all of these medical conditions seem to be hitting me right now all at once, and I can feel the reality of it all since I don't medicate myself any more with illegal street drugs or alcohol. Please help me with these problems if you can Dr. Pelton so at least I can be more comfortable through my incarceration.

So in a nutshell, this is the relief I'm asking from you to help me relieve my medical conditions:

- 1) Some type of 24 hour emergency pain shot and a lay-in slip for my unpredictable and often severe migraine headaches.
- 2) Some type of pain medication and stress and anxiety medication for the relief of my often swollen liver and spleen due to Hep. C, and to help calm my nerves and sleep.
- 3) Some type of protien, vitamin, and mineral supplement, to help my body rebuild and repair my damaged liver and lingering physical injuries.
- 4) Milk weed Thistle to help me rebuild my damaged liver, and some type of plant digestive enzyme to help me digest my food better. Also could you please put me on early dinner call so I don't have to rush through dinner like I have been for the past several months, which in turn causes me digestive problems.
- 5) Help me to obtain a bottom bunk pass and new mattress, along with an extra foam pad and piece of plywood to make it possible for me to get a decent nights sleep,

6) Help in getting me one on one counseling sessions with a resident psychologist to help me deal with my ongoing psychological problems before I lose it.

7) A temporary or extended lay-in, or a reduced work schedule until we get my medical problems under control.

8) Your help in getting me to a two man cell somewhere in E, F, or G unit, so I can get a little more peace and quiet and privacy, and to be closer to my work in south yard, thus not aggravating my foot, back, or hips any further.

9) Specialist about my shoulder and hip, and a Neurologist about my migraines and nerves.

10) Notice to my work supervisor letting him know about my ongoing and unpredictable medical problems that might interfere with my work schedule at times.

11) Have a talk with your P.A. or medical staff about unpredictable sickness and lay-in slips to those who do get sick without warning, and suggesting a no-hastle 24 hour emergency service with lay-in slips if they need one.

This is all I can think of for now except for this one quote from Judge Justice in Ruiz v. Johnson, 37 F.Supp.2d 855, "It goes without question that an incarceration that inflicts daily, permanently damaging, physical injury and pain is unconstitutional..."

* P.S. I noticed on more than a few occasions my migraines have been set off right after eating some fruit on an empty stomach. I also noticed that I urinate every 2 to 4 hours throughout the day and night, and that it does disrupt my sleep pattern. Is there any way I could be hypoglycemic or diabetic? Can we test for this?

Thank you for all of your help in this matter,

Don Monaco

Don Monaco

Bill
7-22-99

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Dr. Pelton (Medical)	DATE: 6-4-99
FROM: Don Monaco	REGISTER NO.: 13314 006
WORK ASSIGNMENT: Education-Law Library	UNIT: B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Dear Dr. Pelton,

This is Don Monaco in regards to a few questions I have about my ongoing medical problems. Since you are aware of my continued elevated liver enzymes, is there anything that can be done about this? It seems to be a constant battle for me every day, or at least every other day, when it comes to my liver and it's associated problems. Any helpful advice will be gratefully appreciated. What about some form of treatment?

My other concern at this time is my shoulder. I was x-rayed on last Wednesday for my left shoulder and would like to know what the x-ray showed. I can tell you that my shoulder definately has some kind of major damage to it. It's affecting my sleep, work, and exercise


activity. I would like to request an MRI test and to see a specialist.

(Do not write below this line) Thank you, Don Monaco

DISPOSITION:

- ① Hepatitis C - your next Appt is about 8/20/99
- ② Shoulder X-ray shows arthritis.

B. unit officer P. J. J.

Signature Staff Member 	Date 6/23/99
---	-----------------

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



DATE 6-30-99

TO: Dr. Pelton (Medical)

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Dear Dr. Pelton,

After meeting with you the other day, I remember you had mentioned that it was O.K. if I saw a specialist about my shoulder. I think I should go ahead and see one because I still have pain in the shoulder area that won't go away. Please let me know when you can get me an appointment.

(Use other side of page if more space is needed)

Thank you,

Don Monaco



cc/dm/mf

NAME: Don Monaco

No.: 13314 006

Work assignment: Education (Law Library)

Unit: B

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

7/12/99

I will put you on the list for the Orthopedist.



Officer

Date 5-4-78

23

(Name and Title of Officer)

The Right arm left shoulder has been damaged. has
swollen, aches, lumps and will not heal. Saw Orthopedic
- went to a P.A. down there and was told by the P.A. that
X-Rays were unimpressive for my condition at this time. This
injury originally caused 5 months ago at C.I.P.T. position in
backstage. I started playing basketball while on a res-tit/ stay
in a hospital. As a matter of fact over the past 5 months the injury never fully
healed. I have been here 11 weeks arriving over (1st month the)
injured. This shoulder 2 weeks ago playing softball here at T.I.
(Use other page if more space is
needed)

no

No.

Week Assignment

Unit

E: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

This section to be completed by staff member

POSITION :

Date _____

Watch Call-cut next
2-3 weeks

Officer

I feel as if this shoulder has serious damage and needs to be looked at closer by you or a specialist. Thank you for consideration in this matter.

P.S. I also had a recent blood test on 5-3-9 and would like to discuss the results of this test with you in relation to my liver and other medical conditions.

Thank You; Don Monaco

Date 4-26-98

To: DR. Pelton (Medical)
(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

Dr. Pelton, Is there any way I can get some regular
underwear sent in to me, the boxer shorts in here are
rubbing my crotch raw.

Thanks

(Use other page if more space is
needed)

Name Don Monaco

No. 13314 006

Work Assignment CMS 13

Unit B

OTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

This section to be completed by staff
member

DISPOSITION:

Family members commit, send
clothing in to you.

Date

4/29/99

W. Pelton
Officer

AUG 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Directions:

Use the following criteria to counsel the patient who is tested for the HIV antibody. Check off each item as they are discussed. Write NA beside any item that is inappropriate to the situation. Secure this form until pre- and post-test counseling is completed, then file this form in the patient's chart, documenting in progress notes that counseling was completed as provided on forms BP-490(61), BP-491(61), and BP-492(61), as appropriate.

PRE-TEST:

- ☒ 1. Explain purpose of session.
- ☒ 2. Explain confidentiality.
- ☒ 3. Explain HIV antibody test.
 - ☒ a. What AIDS is
 - ☒ b. What the test is
 - ☒ c. Test Procedure
 - ☒ d. Meaning of test results
 - ☒ e. Inability of detect early infections (false negatives.)
 - ☒ f. Possibility of false positives
 - ☒ g. Possible need for additional testing
 - ☒ h. Complications and consequence of a positive test.
- ☒ 4. List risk factors.
- ☒ 5. Explain prevention recommendations for persons with possible exposure.
- ☒ 6. Obtain informed consent (when applicable).
- ☒ 7. Risk Reduction Behaviors. Educational material provided.
- ☒ 8. Patient Reactions/Comments.

Inmate Name: MONACO, DONALD Register No: 13314-006

I understand the above information about the HIV test.

Don Monaco
Signature of Inmate

V. Lopez
Signature of Staff Counselor

2-23-99
Date

HIV COUNSELING DOCUMENTATION

POST-TEST: Seronegative

- 1 1. Explain purpose of session.
- 2 2. Review confidentiality.
- 3 3. Test Information
 - 4 a. Inform patient of negative test result.
 - 5 b. Explain purpose of test.
 - 6 c. Identify remaining risks.
 - 7 d. Explain inability of test to detect early infections. (false negatives)
- 8 4. Explain risk reduction behaviors (high risk)
- 9 5. Discuss follow-up testing (high risk)
- 10 6. Give additional education material if requested.
- 11 7. Patients Reactions/Level of Understanding/Comments

I understand the above information.

Don Monaco
Signature of Inmate

4/9/99
Date

Twon
Signature of Staff Counselor
IRENEO CORPUZ, PA
FCI, TERMINAL ISLAND

Seropositive Post-Test Counseling

- 1 1. Confidentiality review.
- 2 2. Patient informed of results of test by physician.
- 3 3. Patient referred to the psychology department for follow-up counseling.

Signature of Inmate

Date

Signature of Staff Counselor

(This form may be reproduced via WP)

Replaces BP-489 of JAN 91


FCI Terminal Island

Notification of Reportable Communicable Disease

The following infectious disease was reported to the LA County Health Department.

Infectious Disease: Hepatitis C

Date Reported: 03-16-99

Reported By:  LCDR Wendy Antonowsky, Infection Control Coordinator

This form should remain in section 6 of the medical record.

Patient Identification:
Monaco, Donald
13314-006
FCI-TRM

Federal Correctional Institution
Terminal Island, CA.

HEPATITIS C ANTIBODY CARRIER

I have been informed by my physician that my laboratory results indicate that I may be a chronic hepatitis C carrier. This means that my tests indicate the presence of hepatitis C antibody and I could possibly transmit this infection in the following ways:

1. Through sexual activity.
2. Through sharing contaminated or used needles or other sharp items which can cut or puncture someone else's skin.
3. When my blood or body fluids come in contact with another person's mucous membranes or a break in their skin.

My physician has explained this disease and its prognosis to me in a manner I can understand. Additionally, I agree to follow these precautionary measures to prevent transmission of this disease while at TI:

1. No sharing of needles, tattooing, ear piercing, or other sharps which can puncture the skin.
2. No sexual activity with others.
3. No sharing of razor blades or other personal items.
4. Practice thorough, frequent handwashing.
5. Should objects or surfaces become contaminated with my blood or body fluids, I will, if able to, ensure they are promptly cleaned with a disinfectant.
6. I will remind my medical and dental care givers of my antibody status.

I agree to comply with these precautionary measures. I understand that failure to comply could result in my placement in isolation until I am willing or able to comply.

Signature/Reg. # Don Monaco Date: 4-7-99
3-16-99

Witness: LT W. Antonowsky, RN, ICC
Date: 04-07-99

Monaco, Donald
13314-006
FCI-TRM

Addressograph

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE 3-18-99

TO: Dr. Pelton (Medical)

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Dr. Pelton, I've got a problem or two with my work conditions in relation to my medical conditions. My active hepatitis C liver condition and raw sewage don't go together. My severely damaged right foot and my steel toed boots are not working out either. My damaged hearing in both of my ears are sensitive to the loud equipment and noises related to this plumbing job. My liver swells, my foot hurts and I wear earplugs all day to keep the noise out. Can you please help me on this? I'm trying to get a job in education as a tutor to remedy my situation.

NAME: Don Monaco

No. 13314-056

Work assignment: CMS 13

Unit: B

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 3/22/99

I will change your medical profile so that you do not work in bad environments.

L. Pelton

Officer

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE

3-6-99

TO:

The optometrist (

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I wanted to talk to you about my migraines
headaches + sensitivity to sunlight.

(Use other side of page if more space is needed)

NAME:

DON MONACO

No.:

13314-006

Work assignment:

CMS 13

Unit:

D

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

Oct. 1986

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

TO: Medical - Dr. Pelton or Dr. DAG DATE: 2-25-99
(Name and Title of Staff Member)

FROM: DON MONACO REGISTER NO.: 13314-006

WORK ASSIGNMENT: _____ UNIT: D

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like to discuss my medical concerns with Dr. Pelton or Dr. DAG when I can regarding my health. I have some chronic medical problems that need to be addressed.

Thank you

(Do not write below this line)

DISPOSITION: 3/1/99

Watch Call-outs next 2-3 weeks

W Pelton
(Staff Member)

3/1/99
(Date)

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

TO: Dental Dr. Butler

(Name and title of officer)

DATE 2-25-99

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I need To see Dr. Butler because OF A MISSING TOOTH on my right side THAT is CAUSING ME PAIN + PROBLEMS with my eating. The right side OF my mouth is 'sensitive' + sore when and after I eat because OF The missing Tooth. IT is also CAUSING problems with The LEFT side OF my mouth because I chew with the LEFT side when I eat. (Use other side of page if more space is needed) Can you please put in some Type OF bridge To correct this problem? I would also like To know if you could repair The cracked Filling on The LEFT side OF my mouth?

Thank You

NAME:

DON MONACO

No.:

13314-006

Work assignment:

Unit:

D

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

3-5-99

Received cop out

Name added to waiting list

Received cop out

Advised patient to

sign up for sick call.

For EVALUATION

C. A. BAXER, DMD, CDO
FCI TERMINAL ISLAND, CA

CA Baxer

FCI TERMINAL ISLAND

MEDICAL DUTY STATUS ASSIGNMENTS

CIRCLE ONE OR MORE APPROPRIATE MDS ASSIGNMENTS AND SIGN BELOW

☒ REG DUTY
☐ REG DUTY W
☐ NO DUTY
☐ NOT MED CL
☒ UNDER 50
☐ OVER 50
☐ YES F/S
☒ NO F/S
☐ ALLRG/WOOL
☐ ART LMB
☐ ATH RESTR
☐ COLD/WIND
☐ DRIV RESTR
☐ HEAR RESTR
☐ HGT RESTR
☐ LIMIT SUN
☐ LOWER BUNK
☐ NO DRIVING
☐ NO POLLUT
☐ ORTHO SHOES
☐ OTHER
☐ SMOKE FREE
☐ SOFT SHOES
☐ SPEC DIET
☐ STAND RSTR
☐ WGT 15 LB
☐ WGT 20 LB
☐ WGT 25 LB
☐ WIRED JAW

No Medical Restr - Regular Duty
 Regular Duty w/Med Restriction
 No Duty Due to Medical Condition
 Not Medically Cleared
 Under 50 - Next Physical Due Date: _____
 Over 50 - Next Physical Due Date: _____
 Cleared for Food Service
 No Food Service Work
 Allergic to Wool
 Artificial ARM LEG
 No Sports/No Weight Lifting
 No Excess Cold/Wind
 Glasses Required for Driving
 No Work in High Noise Areas
 No Ladders/No Upper Bunk
 No Excess Sun
 Lower Bunk Required
 No Driving - Medical Condition
 Assign to Pollution Free Area
 Orthopedic Shoes
 Other Medical Restrictions
 Assign to Smoke Free Work/Qtrs
 Soft Shoes Only
 Special Diet - Medical Condition
 No Prolonged Standing
 Weight - No Lifting Over 15 LBS
 Weight - No Lifting Over 20 LBS
 Weight - No Lifting Over 25 LBS
 Wired Jaw - Post Dental

ADDITIONAL MDS ASSIGNMENT FOR INMATES WITH DISABILITIES

DISABILITY	ACCOMMODATION TYPE	ACCOMMODATION STATUS
Speech Impairment SPCH	No Accommodation	Unsatisfied U
Hearing Impairment HEAR	No AC Architectural Modification for Access ACC	Satisfied by new Accommodation N
Vision Impairment VISN	Architectural Modification to Assist Functioning ARF	Satisfied by Pre-existing Accommodation P
Missing Extremity EXTR	Mobility Assistance MOB	
Total Paralysis TPAR	Equipment Accommodation EQF	
Partial Paralysis PPAR	Communication Assistance COM	
Orthopedic disability ORTH	Wheelchair WCH	
Disfigurement DISF		
Other Physical Impairment PSYS		

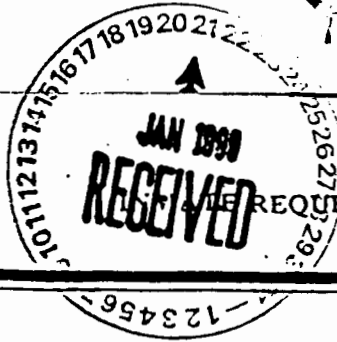
James K. Pelton, MD
 Clinical Director
 FCI Terminal Island

Physician sign: _____
 Medical Record Sign: 198
 Date: 3-3-99

NAME: Moraco, Donald

REG NO.: 1334-006

U.S. DEPARTMENT OF JUSTICE
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REQUEST TO STAFF MEMBER

DATE 1-11-99

TO: Clinical Director (Dr. Spiegel)
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Mr. Spiegel, One of your medical staff called down to property and OKed my tennis shoes for my foot condition (I severed my foot 10 years ago & had major surgery on my right foot). No one in property bothered to look for my property box and I would like to get my tennis shoes before they ship my property box out. I've only been here 2 days and think I still might have a chance of getting my shoes. My foot is in bad shape and I need my shoes because I can't get around very good in these institutional shoes. Please help me get my shoes before its to late.

NAME: Don Monroes Jr. No.: 13314-006
Work assignment: _____ Unit: 2C #48 2/19 Charlie

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 1/21/99

PLEASE ADDRESS YOUR REQUEST TO YOUR COUNSELOR AND UNIT MANAGER.

I HAVE NO PROBLEM WITH YOUR GETTING YOUR SHOES.

E. SPIEGLER MD. CD.

Officer